Soft Absorber Model Selection Form

For Linear Movement

1. Please tell us your intended purpose for using a soft absorber. (What you intend to use it on and how?).

2. Please draw a simple diagram of the mechanism/device in which you intend to install the soft absorber and the shape of the mounting parts.
[Machine/Device] [Shape of Mounting Parts]

3. Please specify what kind of function and shape you would like to see in the soft absorber.
(You may skip this part if you do not have any particular preference)

Shape

Total length		mm or less
Stroke		mm
External diameter	Screw type	M × ((pitch)
	Non-screw type	ϕ or less
Cap		Required · Not required

Function

Max. drag	or less
Deceleration	or less
Recovering power	or less
Braking time	
Adjustment Method	Fixed · Adjustable

4. Please enter your impact conditions and usage environment.

Impact conditions

Impact rate	m/s
Mass of the colliding object	Kg
External thrust	N
Operating cycle	times/minutes
Eccentric angle	degrees
Number of supports for soft absorber	pcs

Operating direction

Horizontal	Friction coefficient μ=	*1
Perpendicular	Facing upward · Facing downward	
Slope	From the horizontal surface	*2

*1 Please enter if using a conveyer, etc.
*2 Positive value for downward direction

Using a cylinder

Drive source	Pneumatic pressure · Hydraulic pressure
Internal diameter of the cylinder	ϕ
Pressure used	MPa
Number of units	units

Usage environment

Ambient temperature	℃
Contact with liquid	No · Yes
Contact with dust	No · Yes
Measures against copper ions	None · Exterior only · Full

5. Please enter the number of units (expected number of mass-produced units) you require._____units (Monthly · Single order)

Your company's name	Phone
Division/Department	**Email**
Representative's name	Adress

New products

Soft Absorber Model Selection Form

For Rotational Movement

1. Please tell us your intended purpose for using a soft absorber. (What you intend to use it on and how?).

2. Please draw a simple diagram of the mechanism/device in which you intend to install the soft absorber and the shape of the mounting parts.
[Machine/Device] [Shape of Mounting Parts]

3. Please specify what kind of function and shape you would like to see in the soft absorber.
(You may skip this part if you do not have any particular preference)

Shape

Total length		mm or less
Stroke		mm
External diameter	Screw type	M × ((pitch)
	Non-screw type	ϕ or less
Cap		Required · Not required

Function

Max. drag	or less
Deceleration	or less
Recovering power	or less
Braking time	
Adjustment Method	Fixed · Adjustable

4. Please enter your impact conditions and usage environment.

Impact conditions

Colliding Speed		m/s
Colliding Mass		Kg
External Driving Force		N
Angular Velocity (fill in either one of these)		rad/s
	degrees in	seconds
Moment of Inertia		
Driving Source Torque		
Driving Source Type		
Cycle of Use		cycle/min
Inclination Angle		degrees
Number of supports for soft absorber		pcs

Operating direction

Direction of Rotation	Horizontal / Vertical / Inclined (°)	
Position of Gravity Center	from rotating axle	mm
Stopping Position	from horizontal surface	° ∗1
Mounting Position	from rotating axle	mm

∗1 Downward is positive.

Usage environment

Ambient Temperature	℃
Adhesion of liquid, etc.	Present / Absent
Adhesion of power dust, etc.	Present / Absent
Countermeasures against copper ion	Present / Perfect

* Please fill in only as far as you know in reference to the examples of selection calculation

5. Please fill in the required quantity (planned number for mass production) pcs (per month/only this time)

Your company's name	Phone
Division/Department	**Email**
Representative's name	Adress